

Heart Disease, Hyperlipidemia – Anticoagulants

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

| | | | |
|---|--|---|--|
| AL – Age Limit | DD – Drug-Drug Interaction | MD – Maximum Dose Limit | TD - Therapeutic Duplication |
| BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age | DS – Maximum Days’ Supply Allowed | PR – Enrollment in a Physician-Supervised Program Required | UN – Drug Use Not Warranted |
| BY – Diagnosis Codes Bypass Some Requirements | DT – Duration of Therapy Limit | PU – Prior Use of Other Medication is Required | X – Prescriber Must Have ‘X’ DEA Number |
| CL – Additional Clinical Information is Required | DX – Diagnosis Code Requirement | QL – Quantity Limit | YQ – Yearly Quantity Limit |
| CU – Concurrent Use with Other Medication is Restricted | ER – Early Refill | RX – Specific Prescription Requirement | |

Pharmacy Prior Authorization Phone Numbers for MCOs and FFS

Aetna Better Health of Louisiana **1-855-242-0802**

AmeriHealth Caritas Louisiana **1-800-684-5502**

Fee-for-Service (FFS) Louisiana Legacy Medicaid **1-866-730-4357**

Healthy Blue **1-844-521-6942**

Louisiana Healthcare Connections **1-888-929-3790**

UnitedHealthcare **1-800-310-6826**

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POS Edits

BY – Pharmacy claims for injectable dalteparin, enoxaparin and fondaparinux that are submitted with a diagnosis code for cancer (C00.*-C96.*) *or* pregnancy (O00.*-O9A.*) will bypass the maximum duration of therapy edit.

** Any number or letter or combination of UP TO FOUR numbers and letters of an assigned ICD-10-CM diagnosis code*

DT – Pharmacy claims for injectable dalteparin, enoxaparin and fondaparinux are limited to a maximum 35 days duration of therapy.

| QL – Quantity limits apply to both preferred and non-preferred agents. | Quantity Limits for Anticoagulants | |
|---|---|--|
| | Generic (Brand Example) | Quantity Limit |
| | Apixaban (Eliquis®) | 2 tablets/day (Initial 4 tablets/day for 7 days when treating DVT/PE) |
| | Apixaban Starter Pack (Eliquis® Starter Pack) | 1 unit/365 days |
| | Dabigatran Etexilate Mesylate (Pradaxa®) | 2 capsules/day |
| | Dalteparin Sodium (Fragmin®) | 2 syringes or vials/day |
| | Edoxaban Tosylate (Savaysa®) | 1 tablet/day |
| | Enoxaparin Sodium (Lovenox®) | 2 syringes or vials/day |
| | Fondaparinux Sodium (Arixtra®) | 1 syringe/day |
| | Rivaroxaban (Xarelto®) 2.5mg | 2 tablets/day |
| | Rivaroxaban (Xarelto®) 10mg, 15mg & 20mg | 1 tablet/day |
| | Rivaroxaban (Xarelto®) Starter Pack | 1 pack (51 tablets)/365 days |
| | Warfarin (Coumadin®) | None |

| Revision / Date | Implementation Date |
|---|---------------------|
| Created POS Document | February 2020 |
| Updated age for BH in POS Abbreviations chart / November 2020 | January 2021 |